

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09/926807	FILING DATE
						APPLICANT(S)	
CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1						
2	1						
3	1						
4	2						
5	1						
6	1						
7	1						
8	1						
9	1						
10	1						
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TOTAL IND.	2	↓	↓	↓	↓	↓	
TOTAL DEP.	10	↓	↓	↓	↓	↓	↓
TOTAL CLAIMS	12	████████	████████	████████	████████	████████	████████

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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